



Hopi Education Endowment Fund

Board Member Nomination Form

Nominator: _____

Phone number: _____ Email: _____

Are You: Hopi Tribal Member HEEF Member

Nominee Name: _____

Address: _____

City: _____ ZIP: _____

Home phone: _____

Cell phone: _____

E-mail address: _____

Tribal Affiliation (if applicable): _____

Hopi Village Affiliation (if applicable): _____

Occupation/Title: _____

Employer: _____

Educational Background: _____

Why are you recommending this person for nomination to the HEEF board?

Have you notified this person that you are nominating them for membership consideration on the HEEF board? Yes No

Please return to:

samt@hopieducationfund.org · Fax: 928-734-2273 or mail to:

HEEF, PO Box 605, Kykotsmovi, AZ 86039